

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U 9906 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name WILLIAM E - ARNAULT P.O. Box Bldg Room No. if any Street 8676 CAUGHDENY ROAD City CLAY State New York ZIP Code +4 13041 | 4 Name, file number and address of labor organization Name TEAMSTERS LOCAL-UNION 317 Labor Organization File Number 048 830 P.O. Box Building and Room Number if any PO BOX 11037 Street 566 SPENCER STREET City SYRACUSE State New York ZIP Code +4 13204 |
| 5 Position in labor organization BUSINESS AGENT | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|---|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code +4 | 7 a Nature of Interest, Transaction or Income 7 b Amount |

Signature

| | | |
|--|----------------------|---------------------|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions) | | |
| Signed <u>William E. Arnault</u> | On <u>08/09/2005</u> | <u>315 699 6000</u> |
| | Date | Telephone Number |

Name of Person Filing WILLIAM ARNAULT

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name BLITMAN & KING LLP

Trade Name if any:

P O Box Bldg Room No if any SUITE 300

Street 443 NORTH FRANKLIN STREET

City SYRACUSE

State New York

ZIP Code + 4 13204

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name LOCAL 317 HEALTH & WELFARE FUND

Trade Name if any

P O Box Bldg Room No if any PO BOX 11037

Street 566 SPENCER STREET

City SYRACUSE

State New York

ZIP Code + 4 13204

11 a Nature of such dealing

TRUST ATTORNEYS

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ATTENDED LOCAL 317 HEALTH & WELFARE FUND MEETING AND
LEGAL FIRM PROVIDED TWO LUNCHES FOR TRUSTEE

12 b Amount

\$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

**William E Arnault
8676 Caughdenoy Road
Clay, New York 13041**

August 10, 2005

United States Department of Labor
Employee Standards Administration
Office of Labor Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210

Re **Form LM-30 Filing**

Dear Sir or Madam

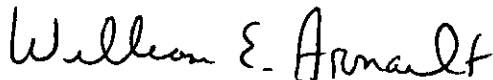
Enclosed please find my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing this report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to apply standards adapted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department, since that time, has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



William E Arnault

enclosure